

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
OPEN HEART SURGERY SERVICES

(By the authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

Sec. 1. (1) These standards are requirements for approval and delivery of services for all projects approved and certificates of need issued under Part 222 of the Code which involve open heart surgery services.

(2) Open heart surgery is a covered clinical service for purposes of Part 222 of the Code.

(3) The Department shall use sections 3, 4, 5, 6, 8, and 9, as applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws.

(4) The Department shall use Section 7 in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

(5) THE DEPARTMENT SHALL USE SECTION 5 IN APPLYING SECTION 22215(1)(B) OF THE CODE, BEING SECTION 333.22215(1)(B) OF THE MICHIGAN COMPILED LAWS.

Section 2. Definitions

Sec. 2. (1) FOR PURPOSES OF~~As used in~~ these standards:

(a) "Adult open heart surgery" means open heart surgery offered and provided to individuals age 15 and older AS DEFINED IN SUBSECTION (I).

(b) "Cardiac surgical team" means the designated specialists and support personnel who consistently work together in the performance of open heart surgery.

(c) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(d) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(e) "Department" means the Michigan Department Of Community Health (MDCH).

(f) "ICD-9-CM code" means the disease codes and nomenclature found in the International Classification of Diseases - 9th Revision - Clinical Modification, prepared by the Commission on Professional and Hospital Activities for the U.S. National Center for Health Statistics.

(g) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 and 1396r-8 to 1396v.

(h) "Michigan inpatient data base" or "MIDB" means the data base compiled by the Michigan Health and Hospital Association or successor organization. The data base consists of inpatient discharge records from all Michigan hospitals and Michigan residents discharged from hospitals in border states for a specific calendar year.

(i) "Open heart surgery" means any cardiac surgical procedure involving the heart and/or thoracic great vessels (excluding organ transplantation) that is intended to correct congenital and acquired cardiac and coronary artery disease and/or great vessels and often uses a heart-lung pump (pumps and oxygenates the blood) or its equivalent to perform the functions of circulation during surgery. These procedures may be performed off-pump (beating heart), although a heart-lung pump is still available during the procedure.

(J) "OPEN HEART SURGICAL CASE" MEANS A SINGLE VISIT TO AN OPERATING ROOM DURING WHICH ONE OR MORE OPEN HEART SURGERY PROCEDURES ARE PERFORMED.

(K) "Open heart surgery service" means a hospital program that is staffed with surgical teams and other support staff for the performance of open heart surgical procedures. An open heart surgery service performs open heart surgery procedures on an emergent, urgent and scheduled basis.

(L) "Pediatric open heart surgery" means open heart surgery offered and provided to infants and children age 14 and YOUNGERbelow, and to other individuals with congenital heart disease as defined by the ICD-9-CM codes of 745.0 through 747.99.

(M) "Planning area" means the groups of counties shown in Section 10.

(2) The definitions in Part 222 shall apply to these standards.

Section 3. Requirements for ALL APPLICANTS PROPOSING TO INITIATE OPEN HEART SURGERY SERVICES~~Approval -- all applicants~~

Sec. 3. (1) An applicant proposing to initiate either adult or pediatric open heart surgery as a new service shall ~~BE OPERATING OR APPROVED TO OPERATE~~ ~~Have in place, or meet the CON review standards for initiation of~~ diagnostic and therapeutic adult or pediatric cardiac catheterization services, respectively.

(2) A hospital proposing to initiate open heart surgery as a new service shall have a written consulting agreement with a hospital which has an existing active open heart surgery service performing a minimum of ~~400350~~ open heart surgical ~~CASES~~procedures per year ~~FOR 3 CONSECUTIVE YEARS~~. The agreement must specify that the existing service shall, for the first 3 years of operation of the new service, provide the following services to the applicant hospital:

(a) Receive and make recommendations on the proposed design of surgical and support areas that may be required;

(b) Provide staff training recommendations for all personnel associated with the new proposed service;

(c) Provide recommendations on staffing needs for the proposed service; and

(d) Work with the medical staff and governing body to design and implement a process that will ~~at least~~ annually measure, evaluate, and report to the medical staff and governing body, the clinical outcomes of the new service, including: (i) Mortality rates, (ii) Complication rates, (iii) Success rates, and (iv) Infection rates.

~~(3) An applicant shall provide verification of Medicaid participation at the time the application is submitted to the Department. If the required documentation is not submitted with the application on the designated application date, the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.~~

Section 4. Requirements for approval -- all applicants for adult open heart surgery services

~~Sec. 4. (3)~~ An applicant proposing to initiate adult ~~(non-pediatric)~~ open heart surgery as a new service shall demonstrate ~~that~~ 300 adult open heart surgical ~~CASES~~procedures ~~BASED ON result from application of~~ the methodology ~~SET FORTH~~described in Section 8.

Section 5. Requirements for approval -- all applicants for pediatric open heart surgery services

~~Sec. 5. (4)~~ An applicant proposing to initiate pediatric open heart surgery as a new service shall demonstrate ~~that~~ 100 pediatric open heart surgical ~~CASES~~procedures ~~BASED ON result from application of~~ the methodology ~~SET FORTH~~described in Section 9.

SECTION 4. REQUIREMENTS FOR APPROVAL FOR APPLICANTS PROPOSING TO ACQUIRE AN EXISTING OPEN HEART SURGERY SERVICE

109
110 SEC. 4. AN APPLICANT PROPOSING TO ACQUIRE A HOSPITAL THAT HAS BEEN APPROVED
111 TO PERFORM OPEN HEART SURGERY SERVICES MAY ALSO ACQUIRE THE EXISTING OPEN
112 HEART SURGERY SERVICE IF IT CAN DEMONSTRATE THAT THE PROPOSED PROJECT MEETS
113 ALL OF THE FOLLOWING:

114
115 (1) AN APPLICATION FOR THE FIRST ACQUISITION OF AN EXISTING OPEN HEART SURGERY
116 SERVICE AFTER THE EFFECTIVE DATE OF THESE STANDARDS SHALL NOT BE REQUIRED TO
117 BE IN COMPLIANCE WITH THE APPLICABLE VOLUME REQUIREMENTS ON THE DATE OF
118 ACQUISITION. THE OPEN HEART SURGERY SERVICE SHALL BE OPERATING AT THE
119 APPLICABLE VOLUME REQUIREMENTS SET FORTH IN SECTION 7 OF THESE STANDARDS IN
120 THE SECOND 12 MONTHS AFTER THE DATE THE SERVICE IS ACQUIRED, AND ANNUALLY
121 THEREAFTER.

122
123 (2) EXCEPT AS PROVIDED FOR IN SUBSECTION (1), AN APPLICATION FOR THE ACQUISITION
124 OF AN EXISTING OPEN HEART SURGERY SERVICE AFTER THE EFFECTIVE DATE OF THESE
125 STANDARDS SHALL BE REQUIRED TO BE IN COMPLIANCE WITH THE APPLICABLE VOLUME
126 REQUIREMENTS, AS SET FORTH IN THE PROJECT DELIVERY REQUIREMENTS, ON THE DATE AN
127 APPLICATION IS SUBMITTED TO THE DEPARTMENT.

128
129 (3) THE APPLICANT AGREES TO OPERATE THE OPEN HEART SURGERY SERVICE IN
130 ACCORDANCE WITH ALL APPLICABLE PROJECT DELIVERY REQUIREMENTS SET FORTH IN
131 SECTION 7 OF THESE STANDARDS.

132 133 **SECTION 5. REQUIREMENTS FOR ALL APPLICANTS**

134
135 SEC 5. AN APPLICANT SHALL PROVIDE VERIFICATION OF MEDICAID PARTICIPATION. AN
136 APPLICANT THAT IS A NEW PROVIDER NOT CURRENTLY ENROLLED IN MEDICAID SHALL
137 CERTIFY THAT PROOF OF MEDICAID PARTICIPATION WILL BE PROVIDED TO THE DEPARTMENT
138 WITHIN SIX (6) MONTHS FROM THE OFFERING OF SERVICES, IF A CON IS APPROVED.

139 140 **Section 6. Requirements for MIDB data commitments**

141
142 Sec. 6. In order to use MIDB data in support of an application for either adult or pediatric open heart
143 surgery services, an applicant shall demonstrate or agree, as applicable, to all of the following:

144
145 (1) A hospital(s) whose adult MIDB data is used in support of a CON application for adult open heart
146 surgery services shall not use any of its adult MIDB data in support of any other application for adult open
147 heart surgery services prior to 7 years after the initiation of the open heart surgery service for which MIDB
148 data were used to support. -AFTER THE 7-YEAR PERIOD:

149 (A) A HOSPITAL(S) MAY ONLY COMMIT ITS ADULT MIDB DATA IN SUPPORT OF ANOTHER
150 APPLICATION FOR ADULT OPEN HEART SURGERY SERVICES IF THEY HAVE EXPERIENCED AN
151 INCREASE FROM THE PREVIOUSLY COMMITTED MIDB DATA. ONLY THAT ADDITIONAL
152 INCREASE IN MIDB DATA CAN BE COMMITTED TO ANOTHER APPLICANT TO INITIATE OPEN
153 HEART SURGERY SERVICES, OR;

154 (B) A HOSPITAL THAT HAS EXPERIENCED AN INCREASE IN ITS ADULT MIDB DATA AND
155 WANTS TO START ITS OWN PROGRAM, THEN THE HOSPITAL MAY USE ONLY ITS ENTIRE
156 PROJECTED VOLUME (PREVIOUSLY COMMITTED MIDB DATA PLUS THE INCREASE OF ADULT
157 MIDB DATA) TO SUPPORT ITS OWN APPLICATION TO INITIATE AN OPEN HEART SURGERY
158 SERVICE.

159
160 (2) A hospital(s) whose pediatric MIDB data is used in support of a CON application for pediatric
161 open heart surgery services shall not use any of its pediatric MIDB data in support of any other

162 application for pediatric open heart surgery services prior to 7 years after the initiation of the open heart
163 surgery service for which MIDB data were used to support. AFTER THE 7-YEAR PERIOD:

164 (A) A HOSPITAL(S) MAY ONLY COMMIT ITS PEDIATRIC MIDB DATA IN SUPPORT OF
165 ANOTHER APPLICATION FOR PEDIATRIC OPEN HEART SURGERY SERVICES IF THEY HAVE
166 EXPERIENCED AN INCREASE FROM THE PREVIOUSLY COMMITTED MIDB DATA. ONLY THAT
167 ADDITIONAL INCREASE IN MIDB DATA CAN BE COMMITTED TO ANOTHER APPLICANT TO
168 INITIATE OPEN HEART SURGERY SERVICES. OR;

169 (B) A HOSPITAL THAT HAS EXPERIENCED AN INCREASE IN ITS PEDIATRIC MIDB DATA AND
170 WANTS TO START ITS OWN PROGRAM, THEN THE HOSPITAL MAY USE ONLY ITS ENTIRE
171 PROJECTED VOLUME (PREVIOUSLY COMMITTED MIDB DATA PLUS THE INCREASE OF
172 PEDIATRIC MIDB DATA) TO SUPPORT ITS OWN APPLICATION TO INITIATE AN OPEN HEART
173 SURGERY SERVICE.

174
175 (3) The hospital(s) committing MIDB data does not currently operate an adult or pediatric open heart
176 surgery service or have a valid CON issued under ~~former Part 221 or~~ Part 222 to operate an adult or
177 pediatric open heart surgery service.

178
179 (4) The hospital(s) committing MIDB data is located in the same planning area as the hospital to
180 which MIDB data is being proposed to be committed.

181
182 (5) The hospital(s) committing MIDB data to a CON application has completed the departmental
183 form(s) which (i) authorizes the Department to verify the MIDB data, (ii) agrees to pay all charges
184 associated with verifying the MIDB data, and (iii) acknowledges and agrees that the commitment of the
185 MIDB data is for the period of time specified in subsection (1) or (2), as applicable.

186
187 (6) The hospital(s) committing MIDB data to an application is regularly admitting patients as of the
188 date the Director makes the final decision on that application, under Section 22231(9) of the Code, being
189 Section 333.22231(9) of the Michigan Compiled Laws.

191 **Section 7. Project delivery requirements -- terms of approval for all applicants**

192
193 Sec. 7. (1) An applicant shall agree that if approved, the services shall be delivered in compliance
194 with the following terms of CON approval:

195 (a) Compliance with these standards.

196 (b) Compliance with applicable operating standards.

197 (c) Compliance with the following quality assurance standards:

198 (i) The open heart surgery service shall be operating at an annual level of 300 adult open heart
199 surgical ~~CASES~~procedures or 100 pediatric open heart surgical ~~CASES~~procedures, as applicable, by the
200 end of the third 12 full months of operation, AND ANNUALLY THEREAFTER.

201 (ii) Each physician credentialed by the applicant hospital to perform adult open heart surgery
202 ~~CASES~~procedures, as the attending surgeon, shall perform a minimum of ~~7550~~ adult open heart surgery
203 ~~CASES~~procedures per year. The annual case load for a physician means adult open heart surgery
204 ~~CASES~~procedures performed by that physician, as the attending surgeon, in any hospital or combination
205 of hospitals.

206 (iii) The service shall be staffed with sufficient medical, nursing, technical and other personnel to
207 permit regular scheduled hours of operation and continuous 24 hour on-call availability.

208 (iv) The service shall have the capability for rapid mobilization of a cardiac surgical team for
209 emergency ~~CASES~~procedures 24 hours a day, 7 days a week.

210 (v) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years
211 of operation and continue to participate annually thereafter.

212 (d) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:

213 (i) provide open heart surgery services to all individuals based on the clinical indications of need for
214 the service and not on ability to pay or source of payment; and

(ii) maintain information by source of payment to indicate the volume of care from each source provided annually.

Compliance with selective contracting requirements shall not be construed as a violation of this term.

(e) The applicant shall prepare and present to the medical staff and governing body reports describing activities in the open heart surgery service including complication rates and other morbidity and mortality data.

(f) The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include but is not limited to annual budget and cost information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data in a format established by the Department and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.

(G) THE APPLICANT SHALL PARTICIPATE IN A DATA REGISTRY ADMINISTERED BY THE DEPARTMENT OR ITS DESIGNEE THAT MONITORS QUALITY AND RISK ADJUSTED OUTCOMES. THE DEPARTMENT OR ITS DESIGNEE SHALL REQUIRE THAT THE APPLICANT SUBMIT A SUMMARY REPORT AS SPECIFIED BY THE DEPARTMENT. THE APPLICANT SHALL PROVIDE THE REQUIRED DATA IN A FORMAT ESTABLISHED BY THE DEPARTMENT OR ITS DESIGNEE. THE APPLICANT SHALL BE LIABLE FOR THE COST OF DATA SUBMISSION AND ON-SITE REVIEWS IN ORDER FOR THE DEPARTMENT TO VERIFY AND MONITOR VOLUMES AND ASSURE QUALITY. THE APPLICANT SHALL BECOME A MEMBER OF THE DATA REGISTRY SPECIFIED BY THE DEPARTMENT UPON INITIATION OF THE SERVICE. PARTICIPATION SHALL CONTINUE ANNUALLY THEREAFTER. THE OUTCOMES DATABASE MUST UNDERGO STATEWIDE AUDITING.

(H) AN APPLICANT THAT FAILS TO COMPLY WITH THE QUALITY ASSURANCE STANDARDS UNDER SUBSECTION (C) SHALL BE REQUIRED TO PROVIDE ITS QUALITY AND RISK ADJUSTED OUTCOMES DATA FROM THE DATA REGISTRY TO THE DEPARTMENT, OR ITS DESIGNEE, AS PART OF THE DEPARTMENT'S ENFORCEMENT AND COMPLIANCE ACTIVITIES.

(g) The applicant shall provide the Department with a notice stating the date on which the first approved service is performed and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules.

(2) The agreements and assurances required by this section shall be in the form of a certification AGREED TO BY THE APPLICANT OR ITS AUTHORIZED AGENT~~authorized by the governing body of the applicant.~~

Section 8. Methodology for computing the number of adult open heart surgical CASESprocedures

Sec. 8. (1) An applicant shall apply the methodology set forth in this section for computing the number of adult open heart surgical CASESprocedures. In applying discharge data in the methodology, each applicable inpatient record shall be used only once. This methodology shall utilize only the inpatient discharges that have one or more of the cardiac diagnoses in Subsection (2). In applying this methodology, the following steps shall be taken in sequence:

(a) Using a hospital's actual inpatient discharge data, as specified by the most recent Michigan Inpatient Data Base available to the Department, an applicant shall identify the discharges that were from patients aged 15 years and older. These discharges shall be considered "adult discharges."

(b) Using the "adult discharges" identified in Subdivision (a), an applicant shall count the number of discharges with a principal diagnosis corresponding to each of the first six categories (Groups A through F) of ICD-9-CM codes listed in Subsection (2). When a patient has a principal diagnosis which falls into one of these six groups (exclude Other Heart Conditions), then they shall be categorized by that diagnosis and their case shall be removed from the data to be used in Subdivisions (c), (d) and (e) so that each applicable inpatient record shall be counted only once.

(c) The procedure in this subdivision shall be used to determine in which diagnosis group each appropriate inpatient record is to be included. The first four non-principal diagnosis codes shall be used to determine the categorization of the remaining records. The sequence of the ICD-9-CM groupings in Subsection (2) shall be followed exactly. For each individual inpatient record, an applicant shall start with

~~the first category of Valves (Group A: ICD-9-CM codes 394.0-397.99 and 424.0-424.99)~~ and shall search through the first four non-principal diagnosis codes to determine if any fall into this grouping. If a record has a non-principal diagnosis code for this grouping, it shall be assigned to ~~the Valve g~~Group A and shall be removed from all subsequent search actions. The remaining inpatient records shall then be searched for the presence of the ~~Valve~~GROUP A codes. After all the inpatient records with ~~Valve codes~~GROUP A have been removed, the above procedure shall be repeated for each of the remaining five groups (Groups B through F) in sequence. For example: the next step would be a search of remaining inpatient records for codes representing ~~the Congenital Anomalies (Group B: ICD-9-CM codes 745.0-747.99)~~.
NOTE: The above procedure shall not apply to ~~the All Other Heart Conditions category (Group G)~~.

(d) Add the count of the number of records for each principal diagnosis group (separately) that was identified under Subdivision (b) with the count of the number of records for its respective non-principal diagnosis group identified under Subdivision (c). The end result shall be a total count for each of the first six diagnostic groups (excluding ~~All Other Heart Conditions~~—Group G).

(e) Using the remaining discharge data, an applicant shall count the discharges that were from patients that have a principal diagnosis or any of the first four non-principal diagnoses using the ICD-9-CM codes for ~~the All Other Heart Conditions category (Group G)~~ listed in Subsection (2).

(f) An applicant shall multiply the count for each ICD-9-CM category listed in Subsection (2) by its corresponding Adult Open Heart Utilization Weight and add the products together to produce the number of adult open heart surgical CASEProcedures for the applicant.

(2) For purposes of the adult open heart methodology, the following cardiac diagnoses shall be used:

DIAGNOSIS GROUPINGS FOR ADULT OPEN HEART SURGICAL ~~CASES~~PROCEDURES

Group	Major ICD-9-CM Code Group	Category	Adult Open Heart Utilization Weights
A	394 - 397.9 424 - 424.99	Valves	.0808
AB	745 - 747.99	Congenital Anomalies	.125246 .0766
B	394 - 397.9 424 - 424.99	VALVES	.086804
C	410 - 410.99	ACUTE MYOCARDIAL INFARCT	.071210
DC	414 - 414.99	Other Chronic Ischemic	.062683 .0632
ED	411 - 411.99	Other Acute & Sub Acute Ischemic	.012538 .0510
E	410 - 410.99	Acute Myocardial Infarct	.0400
F	413 - 413.99 786.5 - 786.59	Angina & Chest Pain	.000546 .0102
<hr/>			
G	164.1, 212.7 390 - 393 398 - 405.99 412, 415 - 423.9 425 - 429.99 441.01, 441.03 441.1, 441.2 441.6, 441.7 785.51, 901.0 996.02, 996.03	All Other Heart Conditions	.002085 .0029

(3) The major ICD-9-CM groupings and Open Heart utilization weights in Subsection (2) are based on the work of the ~~BUREAU OF HEALTH POLICY, PLANNING AND ACCESS~~former Division of Planning and Policy Development, Michigan Department of ~~COMMUNITY~~Public Health, utilizing the ~~2005-1986~~ Michigan Inpatient Data Base.

(4) Each applicant shall provide access to verifiable hospital-specific data and documentation using a format established by the Department and a mutually agreed upon media.

Section 9. Methodology for computing the number of pediatric open heart surgical ~~CASES~~procedures

Sec. 9. (1) An applicant shall apply the methodology set forth in this section for computing the number of pediatric open heart surgical ~~CASES~~procedures. In applying discharge data in the methodology, each applicable inpatient record is used only once. This methodology shall utilize only those inpatient discharges that have one or more of the cardiac diagnoses listed in Subsection (2). In applying this methodology, the following steps shall be taken in sequence:

(a) Using a hospital's actual inpatient discharge data, as specified by the most recent Michigan Inpatient Data Base available to the Department, an applicant shall count the discharges that were from

patients of any age that have a principal diagnosis or any of the first four non-principal diagnoses of the ICD-9-CM codes listed in the "Congenital Anomalies" category in Subsection (2). Each identified record shall be counted only once so that no record is counted twice. An applicant shall remove these cases from the discharge data.

(b) Using a hospital's remaining inpatient discharges, an applicant shall identify the discharges that were from patients aged 14 years and younger. These discharges shall be known as the "pediatric discharges."

(c) Using the "pediatric discharges" identified in Subdivision (b), an applicant shall count the number of discharges with a principal diagnosis or any of the first four non-principal diagnoses of the ICD-9-CM codes listed in the "Other Heart" category in Subsection (2). Discharge records which do not have one or more of the Other Heart codes listed in Subsection (2) shall not be used. Each identified record shall be counted only once so that no record is counted twice.

(d) An applicant shall multiply the count for the "Congenital" and "Other Heart" categories by the corresponding Pediatric Open Heart Utilization Weight and add the products together to produce the number of pediatric open heart surgical ~~CASES~~procedures for the applicant.

(2) For purposes of the pediatric open heart methodology, the following diagnoses shall be used:

DIAGNOSIS GROUPINGS FOR PEDIATRIC OPEN HEART SURGICAL ~~CASES~~PROCEDURES

Major ICD-9-CM Grouping	Category	Pediatric Open Heart Utilization Weights
745.0-747.99	Congenital Anomalies	.210888 .1286
164.1, 212.7 390-429.99 441.01, 441.03 441.1, 441.2 441.6, 441.7 785.51 786.5-786.59 901.0, 996.02	Other Heart	.042973 .0147

(3) The major ICD-9-CM groupings and Pediatric Open Heart Utilization Weights are based on the work of the ~~BUREAU OF HEALTH POLICY, PLANNING AND ACCESS~~former Division of Planning and Policy Development, Michigan Department of ~~COMMUNITY~~Public Health, utilizing the ~~2005~~1986 Michigan Inpatient Data Base.

(4) Each applicant must provide access to verifiable hospital-specific data and documentation using a format established by the Department and in a mutually agreed upon media.

Section 10. Planning Areas

Sec. 10. Counties assigned to each planning area are as follows:

PLANNING AREA	COUNTIES		
1	LIVINGSTON MACOMB WAYNE	MONROE OAKLAND	ST. CLAIR WASHTENAW
2	CLINTON EATON	HILLSDALE INGHAM	JACKSON LENAWEE

399				
400	3	BARRY	CALHOUN	ST. JOSEPH
401		BERRIEN	CASS	VAN BUREN
402		BRANCH	KALAMAZOO	
403				
404	4	ALLEGAN	MASON	NEWAYGO
405		IONIA	MECOSTA	OCEANA
406		KENT	MONTCALM	OSCEOLA
407		LAKE	MUSKEGON	OTTAWA
408				
409	5	GENESEE	LAPEER	SHIAWASSEE
410				
411	6	ARENAC	HURON	ROSCOMMON
412		BAY	IOSCO	SAGINAW
413		CLARE	ISABELLA	SANILAC
414		GLADWIN	MIDLAND	TUSCOLA
415		GRATIOT	OGEMAW	
416				
417				

418	7	ALCONA	CRAWFORD	MISSAUKEE
419		ALPENA	EMMET	MONTMORENCY
420		ANTRIM	GD TRAVERSE	OSCODA
421		BENZIE	KALKASKA	OTSEGO
422		CHARLEVOIX	LEELANAU	PRESQUE ISLE
423		CHEBOYGAN	MANISTEE	WEXFORD
424				
425	8	ALGER	GOGEBIC	MACKINAC
426		BARAGA	HOUGHTON	MARQUETTE
427		CHIPPEWA	IRON	MENOMINEE
428		DELTA	KEWEENAW	ONTONAGON
429		DICKINSON	LUCE	SCHOOLCRAFT

Section 11. Application of Rule 325.9403

~~Sec. 11. (1) Pursuant to CON rule 325.9403, a CON for open heart surgery services approved under these standards or standards that became effective on December 5, 1988 shall expire 1 year from its effective date, unless the project is initiated. One 6-month extension may be granted by the Department if the applicant shows that substantial progress toward initiation of the approved open heart surgery service has been made and an obligation for capital expenditure, if any, will occur within the extended time period.~~

~~(2) For purposes of open heart surgery services, "initiated" means when the first open heart surgery procedure is performed.~~

Section 11.2. Effect on prior planning policies; comparative reviews

Sec. 11.2. (1) These CON Review Standards supersede and replace the CON Review Standards for Open Heart Surgery Services approved by the CON Commission on MARCH 9, 2004~~March 11, 2003~~ and effective on JUNE 4, 2004~~May 12, 2003~~.

~~(2) Hospitals recognized by the Department pursuant to the prior State Medical Facilities Plan (SMFP) 1985-90 Planning Policies Pertaining to Cardiac Services as "Level II" cardiac service providers shall not be considered open heart surgery services providers as defined in Section 2. Those hospitals recognized by the Department as Level II providers under Part 221 may continue to provide Level II cardiac services consistent with the 1985-90 State Medical Facilities Plan.~~

~~(23)~~ Projects reviewed under these standards shall not be subject to comparative review.